PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (http://bmjopen.bmj.com/site/about/resources/checklist.pdf) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Women's hospital birth experiences in Harar, eastern Ethiopia: a	
	qualitative study using Roy's Adaptation Model	
AUTHORS Tefera, Maleda; Assefa, Nega; Roba, Kedir; Gedefa, Letta;		
	Alex; Schuster, Roseanne	

VERSION 1 – REVIEW

REVIEWER Boene, Helena Centro de Investigação em Saude de Manhica	
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REVIEW RETURNED	02-Aug-2021

GENERAL COMMENTS	Data collection	
	Both the interviewers and the note taker were female? Data processing and analysis Which open-code software? Ethical Consideration How was the ethical consideration of participation of women under 18 years of ago in the study handled?	
	 Results The following paragraph `The majority of women were multiparous (17%), 18.6% had a previous CS birth, and 13% had a history of stillbirth`, please clarify how the majority is 17%? Line 25-26 Please define elective CS Line 35-37 Most women in the urban who had previously had CS preferred elective CS and were unwilling to try a vaginal birth. Typo please revise sentence 	
	• Line 49-52 - A 26year -old woman "Baby was buttock down [instead of head down], and they advised me to give birth via cesarean section, which I refused. After a lengthy discussion with my family, we reached an agreement, but I am still hesitant to give birth via CS because it has significant effects. "This statement the woman's speech seems to be in the present tense while it is supposed to be reports that happened after the birth. Could you please confirm?	

•	"I had been in labor for 20 hours, and the cervix did
	not open as expected. The doctors advised me to
	give birth via cesarean section, but I refused, and the
	health professionals who followed me became
	irritated and aggressive .I am still resisting the
	operation; he tried to take me by force, but I
	screamed and cried, then he hit me with a card and
	left the room. Finally, other health professionals came
	to see me, and he confirmed that the baby's head is
	coming out, so I gave birth vaginally with stitches".[18
	year old, first time mother, vaginal delivery]. The word
	cervix was mentioned by the inteviewd woman? If not
	try to put as she said
	ily to put as sile salu

REVIEWER	Sendo, Endalew
	Addis Ababa University, Midwifery
REVIEW RETURNED	20-Oct-2021

GENERAL COMMENTS

Reviewer's comments:

Endalew Gemechu Sendo (Ph.D. Ass. Prof)

Addis Ababa University

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Reviewer's comments:

Title: "Women's Hospital Birth Experiences in Harar, Eastern Ethiopia: A Qualitative Study Using Roy's Adaptation Model" General comments:

In taking this study at Harar, Eastern Ethiopia, I acknowledge and commend the contribution of the authors to the literature, and it is an important subject. The manuscript is well organized, in line with manuscript norms, with a linguistic style. The abstract and title are descriptive. The background has been cited and given sufficient consideration with novel research avenues. References are also in line with the study's intent. I think this paper is very useful and can be approved for publication after all the points listed in the document have been revised.

Specific comments:

Abstract: Authors provided a clear and concise abstract with objective of the study, methods and results as per the journal's protocol.

MINOR POINT: The Authors need to revise the result section as Cesarean section (CS). We have to write it in expanded form when we begin a sentence. Article summary is uncommon in the abstract section. Authors need to revise also the study key words. The words "Cesarean section, midwifery and Health care" may not help in retrieving this paper if used alone during the literature search. Consider including key words that will make it easy to retrieve this paper during literature search (necessarily words used in the study title: Examples: Roy's adaptation model, women's birthing experience etc.).

Introduction:

MAJOR POINT: The introduction is carrying an important background information and has a clear question. However, authors

need to structure the information using simple approaches (see the questions below for an example). Also, authors were over elaborative in the introduction, try to make the introduction short—usually two or three brief paragraphs is plenty (at times 350-400 words). Please consider narrowing the introductions.

- 1. Why is your research important?
- 2. What is known about the topic?

Follow the standard flow of information/text. For an example, start with global context, followed by SSA then Ethiopia last (this is an example of how you could structure your introduction, you can use other approaches to improve the flow).

Methods:

Major comment: Setting: It is good that Authors Included a rationale for choosing the study setting. Answer why this study was conducted in the Harar, Eastern Ethiopia? However, more information is needed for example, how many deliveries per/annum; ratio of staff to patients; neonatal mortalities etc. This information helps the reader to determine whether the results can be transferable.

Study subjects and sample:

The methodology is missing a lot of details that the reader needs to fully understand what was done – every step of the way. Consider checking your manuscript's adherence to COREQ guidelines for reporting qualitative studies. See the following urls: https://doi.org/10.1002/9781118715598.ch21 http://cdn.elsevier.com/promis_misc/ISSM_COREQ_Checklist.pdf

Lines 40 -42: Eligibility criteria for selecting women: How were they approached for the interview? How many

How were they approached for the interview? How many participants did you aim to get,

How many accepted/declined? What information was given to the women to invite them to participate?

Data Collection:

Lines 15- 20: This section requires more work. Please, include the following information:

How many qualitative interviews is enough? Can you explain any strength/gaps identified in the pilot interviews and how you included/considered this in the subsequent interviews? See for instance: i) Baker S.E 2012. How many qualitative interviews is enough? National Centre for Research Methods Review Paper.

http://eprints.ncrm.ac.uk/2273/
ii) Guest G et al. 2006. How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability Field Methods, 18;

Lines 32- 40: What were the key questions that the authors asked the participants? I would appreciate if the semi-structured questions were annexed. Were there compensations to the study participants? If so, what and why? Who conducted the interviews (gender?) —any consideration for the gender of the interviewee? Qualifications and training provided before commencing data collection. Time range for the interviews...Please includes the information. Data analysis:

A content analysis approach using deductively derived codes was used to thematically analyze the transcripts. For data analysis –step by step explanation is needed. More importantly, include a table

showing RAM modes and codes developed that should be part of the findings section. Deductive content analysis is used when the structure of analysis is operationalized on the basis of previous knowledge [Ex. RAM Model]. Inductive content analysis is used in cases where there are no previous studies dealing with the phenomenon or when it is fragmented.

For another approach See sample article:

http://www.scielo.org.co/pdf/aqui/v6n1/v6n1a04.pdf [Optional]

Table 2. Summary
RAM Mode Codes/quotes
Physiological
Self- concept
Role function
Interdependence

See Sample Article: Promoting compassionate and respectful maternity care during facility-based delivery in Ethiopia: perspectives of clients and midwives

Free to access link: http://bmjopen.bmj.com/cgi/content/full/bmjopen-2021-051220?ijkey=UAw7YwRi984USPz&keytype=ref [See Table 3 & 4 for your case]

Two people [PI + Interviewer] coded the data but how was bias controlled? In terms of data analysis challenges, authors need to highlight any analytic biases and the difficulty in correctly coding the data (if any). How did the researcher examine own role, potential bias during analysis and selection of data for presentation? As well, mention how themes were identified, that there is a variety of ways to define themes, and how to deal with overlapping themes. Was the data analysis sufficiently rigorous? Was any software used in data analyses? Was the Data analyzed concurrently with data collection?

Did the researchers share the findings with the study participants in any way? Was there any participant checking of the data? It is good that RAM framework was used to better formulate questions (and contribute to data analysis)?

Data quality control/Trustworthiness:

Was the data returned to the participants to check and validate their responses? Was this through a workshop? If so, who presented in the workshop and where? At what point of data collection was this validation done (during data collection or after data analysis)? RESEARCH FINDINGS

- The Results were presented in an appropriate fashion in line with the research objectives.
- Data are presented in a logical and meaningful manner. Results are clear, complete, and answer the research question.
- However, pay attention to the following minor comments:
- First start with a summary of all your findings.
- Check with BMJ as: Whether you can have two different fonts in your paper. All your quotes are in different fonts. Also check with BMJ if the direct quotes need to be italicized.

MAJOR POINT: Authors have successfully included responses from all the IDs; however, all the responses need to be rechecked. As the study population is "women" don't mention woman in a quotation. However, some information was still missing. For example, "The

pain was so severe and unbearable; I did not know what to but to only bear..." (Interview 1, 25 year-old). This makes your study more credible, and this can be traced back to your dataset. Discussion:

MAJOR POINT: Authors provided information and recommendations based on the study findings. However, they still need to improve the structure of the discussion properly and provide more empirical data in the discussion (and also include other literature and references). Relate your study to what has gone before: how do your results fit in with what is already known? What are the strengths and weaknesses of your study compared with previous studies? Why did you reach different conclusions? What your study means: What do you think your study means to patients, providers /doctors, or policymakers?

Conclusions: The authors summarized a few key points in the conclusion; however a conclusion is supposed to give a "take-home message". This should be a general statement reiterating authors' answer to the research question and adding its scientific implications, practical application, or advice. Authors will therefore need to strengthen the conclusion.

Overall, I do think that this article provides novel information that is useful to practice in the study setting.

VERSION 1 – AUTHOR RESPONSE

Point by point response for reviewer 1

Comments	Response
How was the ethical consideration of participation of women under 18 years of age in the study handled?	Thank you for comment: The woman who gave birth has the ability to make her own decisions.
 The following paragraph `The majority of women were multiparous (17%), 18.6% had a previous CS birth, and 13% had a history of stillbirth`, please clarify how the majority is 17%? Line 25-26 Please define elective CS 	Sorry for the mistake, corrected it was 71%
Line 35-37 Most women in the urban who had previously had CS preferred elective CS and were unwilling to try a vaginal birth. Typo please revise sentence	Thank you, corrected
• Line 49-52 - A 26year —old woman "Baby was buttock down [instead of head down], and they advised me to give birth via cesarean section, which I refused. After a lengthy discussion with my family, we reached an agreement, but I am still hesitant to give birth via CS because it has significant effects. "This statement the woman's speech seems to be in the present tense while it is supposed to be reports that happened after the birth. Could you please confirm?	Thank you, corrected
I had been in labor for 20 hours, and the cervix did not open as expected. The doctors advised	Sorry for the mistake, it was corrected, thank you so much

me to give birth via cesarean section, but I refused, and the health professionals who followed me became irritated and aggressive .I am still resisting the operation; he tried to take me by force, but I screamed and cried, then he hit me with a card and left the room. Finally, other health professionals came to see me, and he confirmed that the baby's head is coming out, so I gave birth vaginally with stitches".[18 year old, first time mother, vaginal delivery]. The word cervix was mentioned by the interviewed woman? If not try to put as she said

Point by point response for reviewer 2

1	Comments	Response
	The Authors need to revise the result section as Cesarean	
	section (CS).	Thank you., it was corrected
	Article summary is uncommon in the abstract	Thank you, it was corrected
	section. Authors need to revise also the study key words	
	Introduction:	Thank you, corrected
	1. Why is your research important?	
	2. What is known about the topic?	
	Methods: how many deliveries per/annum; ratio of staff to	
	patients; neonatal mortalities	Thank you, it was Corrected
	The methodology is missing a lot of details that the reader	Thank you, it was Corrected
	needs to fully understand what was done - every step of the	
	way. Consider checking your manuscript's adherence to	
	COREQ guidelines for reporting qualitative studies	
	How were they approached for the interview? How many	Thank you, it was corrected
	participants did you aim to get,	
	How many accepted/declined? What information was	
	given to the women to invite them to participate	
	How many qualitative interviews is enough? Can you	Thank you, it was indicated

explain any strength/gaps identified in the pilot interviews	data collection section (line
and how you included/considered this in the subsequent	230-242)
interviews?	
What were the key questions that the authors asked the	Thank you, included as an
participants? I would appreciate if the semi- structured	additional file
questions were annexed	
Were there compensations to the study participants	No,
Who conducted the interviews (gender?) –any	
consideration for the gender of the interviewee,	Thank you, The research team
Qualifications and training provided before commencing	
	and reflexivity
data collection	
	Thank you, included
Table 2. Summary	
RAM Mode Codes/quotes	
Physiological	
Self- concept	
Role function	
Interdependence	
Two people [PI + Interviewer] coded the data but how was	Thank you, corrected (analysis
bias controlled? In terms of data analysis challenges,	section line 253-255)
authors need to highlight any analytic biases and the	
difficulty in correctly coding the data (if any). How did the	

researcher examine own role, potential bias during analysis	
and selection of data for presentation?	
Was the data analysis sufficiently rigorous? Was any	Indicated under analysis
software used in data analyses? Was the Data analyzed	section; Thank you
	Socion, mank you
concurrently with data collection?	
Did the researchers share the findings with the study	Thank you, No, we could not
participants in any way? Was there any participant checking	share the finding with the
of the data? It is good that RAM framework was used to	participants, but during data
better formulate questions (and contribute to data analysis)?	collection, the interviewer
	summarized the response of
	the participants at the end of
	the interview to approve the
	exactness of the information.
	The interview guide was
	developed based on RAM
Data quality control/Trustworthiness	Thank you, indicated at the
	quality control section
Result: first start with a summary of all your findings	Thank you, corrected
Check with BMJ as: Whether you can have two different	Thank you, corrected
fonts in your paper	
. As the study population is "women" don't mention	Thank you, corrected
woman in a quotation. However, some information was	
still missing	
Discussion:	Thank you, corrected
Conclusion	Thank you, corrected

VERSION 2 – REVIEW

REVIEWER	endo, Endalew ddis Ababa University, Midwifery	
REVIEW RETURNED	14-Dec-2021	

GENERAL COMMENTS	The authors have incorporated the suggestions to improve the	
	manuscript's quality, and it can now be published after a few minor	
	edits.	

VERSION 2 – AUTHOR RESPONSE

1	Comments	Response
	Please ensure that the supplemental file containing the interview guide is cited where the guide is mentioned in the main text.	Thank you so much, checked
	*Throughout the manuscript, the authors still commonly refer to quasi-numerical findings ("most" or "almost all") – if you wish to maintain these statements, you need to report the actual numbers (n/N); alternatively, you may wish to rephrase, as appropriate	Thank you; Corrected
	*Where %s are given in main text Results section, please also add absolute numbers.	Thank you ; Corrected
	Please revise the abstract format such that the 'Design' section comes before the 'Setting' section, and please change the section heading 'Participants' to 'Participants and methods'.	Thank you ; Corrected
	There remain many issues with the English grammar and lack of clarity in the language. Please work to improve the quality of the English throughout your manuscript. We recommend asking a native English-speaking colleague to assist you or to enlist the help of a professional copy-editing service.	Thank you; spelling and grammar are checked,

VERSION 3 – REVIEW

REVIEWER	Sendo, Endalew Addis Ababa University, Midwifery
REVIEW RETURNED	15-Feb-2022
GENERAL COMMENTS	The authors made substantial correction to the manuscript based on the reviewer's comments. I agree with all of the authors' responses in general, and it can be accepted for publication after minor editorial changes are made.